

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE  <b>CANNED FOOD SAMPLE REPORTING FORM</b>  <i>Follow-up information on reverse</i>		<b>LAB</b> <input type="checkbox"/> Eastern <input type="checkbox"/> Midwestern <input type="checkbox"/> Western TSC NO.	
DISTRICT OFFICE OR IMPORT/FO (Name)		DISTRICT OFFICE OR IMPORT/FO (Name)	
DATE		MICROBIOLOGY DIVISION (Name)	
MICROBIOLOGY DIVISION (Name)		DATE	
OTHER (Name & Staff)		DATE	
		OTHER (Name & Staff)	
<b>PRODUCING ESTABLISHMENT INFORMATION</b>		<b>REPORTING INFORMATION</b>	
NAME		LABORATORY ALERTED BY:	
NUMBER		TSC CONTACTED BY:	
LOCATION		TSC CONTACT:	
		TIME:	
<b>PROCESSING INFORMATION</b>		<b>PRODUCT INFORMATION</b>	
TYPE OF THERMAL PROCESSING SYSTEM		PROCESS RECORDS REVIEWED	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
		PROCESS VARIATIONS NOTED	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PRODUCT CODE(S)		CODE BREAKDOWN	
KIND & APPROXIMATE NUMBER OF ABNORMALS		EXPLANATION FOR ABNORMALS	
AMOUNT / STATUS (i.e., retained, refused entry; on hold, passed) / LOCATION OF AFFECTED PRODUCTION			
IMPORTS ONLY: FSIS 9540-1 NO. AND LOT NO. (If applicable)			
<b>PRODUCT DISPOSITION RECOMMENDATION</b>			
• DO NOT IMPLEMENT UNTIL CONFIRMATION RECEIVED THRU SUPERVISORY CHANNELS			
<b>TSC RECOMMENDATION TO DISTRICT OFFICE OR IMPORT/FO</b>		<b>DISTRICT OFFICE OR IMPORT/FO</b>	
SIGNATURE		SIGNATURE	
DATE		DATE	

**SAMPLE COPY**